



## NEVADA STATE BOARD OF MEDICAL EXAMINERS

# NEWSLETTER

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## President's Message

by Cheryl Hug-English, M.D.

As my term on the Board comes to a close, I would like to take this opportunity to thank my fellow Board members, as well as the attorneys and staff, for the time, dedication and commitment that each of you has put into this very important process. The Medical Board has a difficult job. Statutorily, we are given the responsibility of licensing and regulating physicians, physician assistants, and respiratory therapists. At times we are criticized for being too tough on doctors and are seen as responsible for the shortage of physicians in the state. At other times we are criticized for being too lenient and seen as responsible for the malpractice crisis. The reality is that neither is true. The Board works hard to uphold the highest standards for physicians in the state and takes appropriate disciplinary action when necessary.

The Board has also tackled some very important issues confronting the practice of medicine, including regulations for pain control and guidelines for telemedicine, and the Board has been responsive to concerns about communication issues and the desire to have more access to Board proceedings. We have purchased and installed videoconferencing equipment to allow our meetings to be videoconferenced to Las Vegas. The desire of the public to have additional

information on our website has also been addressed. Over the past year, we have purchased software to allow us to update our website and to make it more "user friendly."

At the December 2003 meeting, the Medical Board amended its Regulations to accommodate easier licensure for qualified out-of-state physicians. In the past, if a physician had not taken a major exam within the last 10 years, and was applying for initial licensure in the state of Nevada, he or she was required to take the SPEX exam. The regulations were amended to allow regular licensure to physicians who either: 1) have recertified in their specialty within the last 7-10 years; 2) have passed a peer review by a Nevada physician who practices in their specialty; or 3) have passed the SPEX. This allows more flexibility for new physicians entering the state.

My goal as President for the past three years has been to improve the communication of the Board with physicians, as well as with the public. I think we have taken some positive steps to do so. However, this is not a static process. The Board will continue to listen to suggestions as to how we might improve. The Board also needs the help of the physicians in the state. This process is a difficult one. We often need the expertise of peer

reviewers to help us in our evaluations. Please be willing to take part in this extremely important role. The Board serves an important role for you as physicians, as well as for the public. As I leave the Board, it has been a privilege to serve with this group of very dedicated individuals. My hope is that we, as physicians in the state, can all work more effectively together with the Board to continue to provide the high quality of health care for which Nevada is known.

### INSIDE THIS ISSUE

Executive Secretary's Column	2
News Briefs	3
Physician Assistant Advisory Committee Article	4
Practitioner of Respiratory Care Advisory Committee Article	5
General Counsel's Column	6
Licensing Department Changes and the Biennial Renewal of Respiratory Care Practitioners	8
Annual Report	9
Board Actions	12
Change of Address Form	14

# From the Executive Secretary/Special Counsel

by Drennan A. Clark, J.D.

There have recently been a number of changes in senior staff positions at the Board as a result of retirements and resignations.

First, Maureen Lyons, a 13+-year employee of the Board, has resigned from her position as Deputy Executive Secretary/Information Systems Administrator. She has been replaced by Laurie L. Munson, in all capacities.

Second, Board General Counsel, Richard J. Legarza, has retired. He has been replaced as General Counsel by Stephen D. Quinn. A new hire, Edward O. Cousineau, is the new Deputy General Counsel.

Also, Board Executive Secretary/Special Counsel, Larry D. Lessly, a 12- year employee of the Board, has retired. I am replacing him. I moved with my family to Reno when I was 10 years old. I graduated from St. Thomas Aquinas Grammar School and Bishop Manogue High School in Reno. I then attended the University of San Francisco, where I earned a Bachelor's degree in Political Science and a Juris Doctor degree. I then served a 1-year law clerkship for the Justices of the Nevada Supreme Court. After completing the clerkship, I joined the Reno law firm of Guild, Guild and Cunningham, as an associate. I became a partner in that firm, which later became Guild, Hagen and Clark, and still later, Guild, Hagen and Clark, Ltd. I was with the firm for 21 years, when Governor Richard Bryan appointed me Adjutant General, Commander of the Nevada Air and Army National Guard, and Director of the Nevada Military Department. I served as Adjutant General for just over 14 years, being reappointed by 2 additional Governors. I retired from the military on January 20, 2001, as a Major General. I then went to the Nevada Attorney General's Office as Solicitor General, and 2-1/2 years later, came to the Board as Deputy Executive Secretary/Special Counsel.

Some additional staff changes include adding an additional license specialist in early May to aid in the timely processing of the numerous applications for licensure that the Board is receiving. And on July 1<sup>st</sup>, the Board will add two additional investigators to ease the Board's investigative burden.

The Board has expanded internally in recent months, assigning three members to an additional Investigative Committee. Each of the Board's two Investigative Committees meets quarterly, prior to the quarterly Board meetings. One of the Investigative Committees meets in Las Vegas, and the other meets in Reno. The Board has also added a License Application and Malpractice Review Committee, which meets quarterly to review applications for licensure where the applicant has had malpractice claims or awards against him/her in amounts not exceeding \$200,000.00, to determine if the applicant should appear

before the full Board, or can be licensed administratively without a full Board appearance. This Committee also reviews the applications of Respiratory Therapists where there are any questions about the application or applicant, again to determine whether the applicant can be licensed administratively or must appear before the full Board.

As you may know, the Board underwent a thorough audit of its operational activities by the Federation of State Medical Boards. The audit report was positive, but made a number of recommendations to the Board to enhance its operations and performance. A number of the recommendations were approved and adopted by the Board at its March meeting, mostly dealing with the Board's website upgrades and communications with complainants. The remaining recommendations were taken up by the Board at its June meeting.

Also, as you may know, the Board has been considering a regulation to require proof of post-licensure competency. After several years of study, and a number of public hearings, the Board considered the regulation at its March meeting, where the proposed regulation was permanently tabled. While viewed by many licensees as a positive, there are downside risks to the profession. A public interest group, Citizen Advocacy Center, which was also opposing the proposed regulation because it favored much more stringent provisions in post-licensure regulation, and wanted to be first in proposing its plan, and saw this proposed regulation as preempting the field in Nevada, will now be free to forward its plan to the Nevada Legislature, in the form of legislation, at the next legislative session.

The Board welcomes Dr. Charles N. Held, M.D. of Gardnerville to the Board. Dr. Held was appointed by Governor Guinn to replace Dr. Robin Titus, M.D. Dr. Held became a Board member on 1 April 2004. Both the Board and the staff thank Dr. Robin Titus for her dedicated service and the tremendous commitment of time that is required for Board membership. Her expertise and professionalism will be greatly missed by the Board.

Since January 1<sup>st</sup>, the Board has licensed 254 new physicians, 28 Physician Assistants and 72 new Respiratory Therapists.

Finally, the Board is in great need of the assistance of its licensees to act as peer reviewers, both for applicants seeking licensure without an additional written examination, and for cases in which a complaint has been filed against a licensee, to assess the care provided in the circumstances surrounding the complaint. Both CME credit and a fee for time and services are available to licensees who provide peer review services to the Board and profession.

# NEWS BRIEFS

## Election of Officers

At its June meeting, the Nevada State Board of Medical Examiners elected a new slate of officers for the fiscal year 2004/2005.

The President is Dr. Stephen K. Montoya, M.D., of Las Vegas, who practices in Ob/Gyn. The Vice President is Dr. Joel N. Lubritz, M.D., of Las Vegas, who practices as an Otolaryngologist. The Secretary/Treasurer is Dr. Donald H. Baepler, Ph. D., D.Sc., of Las Vegas, a public member of the Board, who was re-elected to this position.

The Board bids a fond farewell and proffers its many thanks to outgoing President, Dr. Cheryl A. Hug-English, M. D., and outgoing Vice President, Dr. Jaculine C. Jones, Ed.D., for their long, devoted and outstanding leadership and dedication to the medical profession in Nevada, and to the Board of Medical Examiners.

## Larry Lessly Receives Prestigious Award

Larry D. Lessly, J.D., longtime Board employee, as counsel, General Counsel, Executive Director and Executive Secretary/Special Counsel, was honored at the just-concluded Annual Meeting of the Federation of State Medical Boards, with the award of the Federation's Distinguished Service Award. Mr. Lessly retired from the Board on March 31, 2004.

## Ranking of the State Medical Boards' Serious Disciplinary Actions

Public Citizen's Health Research Group annually rates State Medical Boards on the rate of serious disciplinary actions taken against licensees.

For 2003, Nevada was neither in the top 10 (most major disciplinary actions per 1,000 doctors), nor in the bottom 15 (least major disciplinary actions per 1,000 doctors).

The Nevada State Board of Medical Examiners was ranked 36 by Public Citizen, with 11 serious disciplinary actions. Public Citizen defines serious disciplinary actions as license revocations, surrenders, suspensions and probations/restrictions.

The Nevada Board was ranked number 25 in 2002.

# A Word from the Physician Assistant Advisory Committee of the Board

by John B. Lanzillotta, PA-C, Physician Assistant Advisor

At the September 2003 meeting of the NSBME, a new member to the Board's Physician Assistant Advisory Committee was nominated and approved by the Board. Dan Hickey, PA-C has been a longtime leader in the Nevada Academy of Physician Assistants as President and Past President, and has served nationally in the AAPA House of Delegates. Dan currently practices as a dermatology PA in Las Vegas. He assumes the position of the departing Brian Lauf, PA-C, who had served the Board since 2002.

On June 4, at the recent NSBME meeting, Lt. Col. Katherine J. Adamson, PA-C, from the National Commission on Certification of Physician Assistants, made a presentation to the Board describing PA certification and recertification. The mission statement defines this organization's purpose: "The NCCPA is dedicated to assuring the public that certified physician assistants meet established standards of knowledge and clinical skills upon entry into practice and throughout their careers." The NCCPA is the only credentialing body for Physician Assistants in the United States.

Nevada is one of the seventeen states requiring certification maintenance for licensure in keeping with the higher standards required to practice medicine in this state.

The PA report of June 4, 2004 was a follow-up to the March 2004 Board meeting report, in which a request was made to the Board for advice on changing NRS 440.415 to allow PAs to pronounce a patient dead. There are more PAs currently working in geriatrics, nursing homes and hospice care. These PAs have an integral relationship with their patients and are often involved in end-of-life care. At times it is difficult for the physician to be on the premises to pronounce death. The delay of "pronouncement of death" can be trying and problematic for the family and the facility providing care. Chapter 440.415 of the NRS permits pronouncement of death by a registered nurse if authorized by the patient's physician. The ability for a physician assistant to pronounce the patient dead and sign the death certificate could alleviate delays for both caretakers and the patient's family in making arrangements for the deceased. The Board acknowledged this and expressed support in changing both NRS 440.415 and 440.380 to add Physician Assistant to the statutes. Further discussion concerning implementing these changes will be on the September 2004 Board meeting legislative agenda.

## "Patient Centered Care"

The practice of medicine has changed since the inception of the PA profession over 30 years ago. The complexity of modern medicine with technological advances has impacted

the quality of care in both positive and negative ways. While having a positive effect on disease management, diagnostic and treatment modalities, the market-driven influences, spurred by increased health care costs, have resulted in the necessity for medical providers to work more efficient and longer hours with an increase in pace and workload. This has affected quality of care by reducing time for patients and contributing to negative practice issues such as medical errors and poor communication.

Several articles have been written in the PA literature, and one by James F. Cawley, MPH, PA-C recently cited a published report by the Institute of Medicine on educational reform for health care providers ([Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century](#)). The study/report indicated that the quality of health care in the US could be improved if five key competency areas are part of the educational process for medical practitioners, namely patient centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics.

As PAs we are already involved in being part of an interdisciplinary team through our commitment to physician supervision. As an extension of the supervising physician, our practice flows out of a unique relationship involving the PA-physician and patient. The clinical team concept is rooted in the very premise of our profession. We are an extension of this relationship. Our ethical duty is to respect the health, safety and welfare of the patient. This is the foundation of that relationship.

The report defines patient centered care as sharing power with patients and family members; communicating with patients in a shared, open manner; allowing for patient individuality and values; enhancing prevention and health promotion; reaching those who do not present for care. "Patient centered care" may be an in-vogue new description for practicing an important aspect of the art of medicine – patient satisfaction, or satisfying the patient. A key element is communication. The majority of complaints against medical practitioners originate from poor communication or the perception of poor communication. The antidote: listening to the patient, showing respect, concern, care and compassion. Educating the patient in his condition and the treatment is essential in gaining confidence and can also improve compliance to treatment plans.

An interesting study from the University of Kentucky's PA program in 2000 on measuring compassion in PAs gave some of the hypothetical elements defining compassion. It begins by stating that patients want more than someone to diagnose and treat their illness. They want a provider who understands feelings, concerns and personal problems that

*(Continued on page 5)*

(Continued from page 4)

accompany their illness. Some of the key elements or qualities of being a compassionate PA were: attentive listening, forbearance (the provider not being irritated at not understanding what the patient is saying), genuine concern, explanatory communication (when a patient has trouble understanding, a PA explains the information in further detail), patience, honoring the person, consideration and attention to detail.

The study above attempted to either validate or partially validate the patient's experience to the PA's self-perception of having these qualities. These hypothetical key elements are the tenets rooted in our practice philosophy and a large part of our identity as a profession. We have historically been described as providers who have taken time to listen.

Keeping this in mind during our patient encounters would result in more optimal outcomes for both the patient and physician assistant.

The Physician Assistant Advisory Committee, at the request of the Board, reviews and makes recommendations to the Board regarding matters relating to physician assistant practice and supervision and regulation. Members of the Physician Assistant Advisory Committee to the Board include Dan Hickey, Nancy Munoz and John Lanzillotta. They may be reached through the Board's office in Reno by calling 775-688-2559, or from any other area of Nevada, by calling the Board's toll free number, 888-890-8210.

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## A Word from the Practitioner of Respiratory Care Advisory Committee of the Board

by Michael J. Garcia, RRT, Practitioner of Respiratory Care Advisor  
Steven E. Kessinger, CRTT, Practitioner of Respiratory Care Advisor  
Donald W. Wright, RRT, Practitioner of Respiratory Care Advisor

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### We Get Questions

As we enter a new license period, the respiratory advisory committee continues to receive calls from practitioners. Questions related to continuing education requirements, application procedures, scope of practice determination, etc., are common. Recently, the following question was forwarded to the Board via the advisory committee. We believe the question and related advice is important information for all licensed practitioners.

**Question: What do I do if I know a co-worker therapist is working under the influence of alcohol or drugs? Am I required to report this to the Board?**

Unfortunately, many health care professionals will encounter this scenario at one time or another during the course of their career. Most health care employers have established policies and procedures that can help in addressing this problem. Licensed practitioners in the state of Nevada have the responsibility of protecting the patient from harm. In addition, as health care professionals, there exists the ethical responsibility to assist a fellow professional in getting help for his/her problem.

The Nevada State Board of Medical Examiners provides access to a substance abuse diversion program for any respiratory care practitioner, physician, or physician assistant that requires professional counseling and support. If the practitioner with the problem voluntarily enters the program, with appropriate supervision, they can often continue to work. If patient harm occurs prior to entering the program, or if the practitioner refuses to seek help while continuing to work under the influence, the investigative and disciplinary process will follow the course outlined by Board policy. Significant disciplinary action, potentially leading to license revocation, can be the expected outcome for practitioners failing to get help. The Board is charged with the responsibility of working to protect the public from unsafe practitioners, and will use all available resources to meet this responsibility.

Respiratory care practitioners should start by working with their employer to ensure patient safety. If this does not resolve the problem and the co-worker refuses to voluntarily seek professional help, the problem should be referred to the Board.

Detailed information regarding the diversion program can be obtained by calling the Nevada State Board of Medical Examiners' Reno office during normal business hours.

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## Calendar of Board Meetings for Remainder of 2004

Meetings held at the Board office in Reno, videoconferenced to the Las Vegas office of the Nevada State Board of Dental Examiners, unless noted otherwise

**September 10 and 11, 2004**  
**December 3 and 4, 2004**



# General Counsel's Column

by Stephen D. Quinn, J.D.

I am privileged and honored to write this as the new General Counsel for the Nevada State Board of Medical Examiners. This is my first opportunity to address the medical profession generally, the various county medical associations, the state medical association and the public. By way of introduction, I worked most recently at the Attorney General's office, where I handled complex litigation on behalf of state agencies, boards, commissions and officials. My legal experience includes work in Washington, D.C. for the NLRB, service as an Assistant United States Attorney for the District of Hawaii, and private practice in Honolulu, Hawaii for about 15 years before relocating to Nevada. I am privileged now to be working full time for the Medical Board serving the people of the state of Nevada.

The primary responsibility of Board General Counsel is to assist the Board in insuring, as far as possible, that only competent persons practice medicine and respiratory care in Nevada. General Counsel gives advice to the Board, reviews, presents and prosecutes complaints against physicians, physician assistants and respiratory therapists licensed by the Board, represents the Board and its members in litigation initiated against them, provides legal advice and assistance in the licensing activities of the Board, participates in the crafting of legislation or regulations, and otherwise performs a myriad of activities that arise out of the general day-to-day interaction between the Board and the public.

Nevada's licensing standards are very high and most of the Board's licensees are truly a credit to their profession and perform commendably. Occasionally, however, good physicians, physician assistants and respiratory therapists are less than careful and make mistakes. Sometimes even highly skilled licensees can get careless or negligent. Perhaps there are some incompetent licensees out there, but it is because the Board has not been informed of them.

Regarding physicians, the Board's primary responsibility is to insure, as much as possible, that Nevada's physicians are and continue to be competent. Secondly, the Board provides information to the public about physicians licensed in Nevada, their education and disciplinary history. In order to carry out its responsibilities, the Board must become aware of medical misadventures that occur which raise questions regarding competence and concerns regarding public safety. Medical misadventures brought to the Board's attention can then be evaluated to determine what action, if any, is reasonably necessary or appropriate to protect the public.

To learn of medical incidents that warrant Board investigation, the Board depends upon reporting of such incidents by doctors, hospitals, medical facilities and state district courts, all of whom have a statutory obligation to report medical malpractice, doctor competency issues and

other issues affecting patient care (NRS 630.3067 and NRS 630.307). Patients, relatives, friends, associates of patients and persons with knowledge that a doctor has engaged in misconduct may file complaints in writing with the Medical Board (NRS 630.309). Insurance companies are also statutorily required to timely report malpractice actions against an insured physician (NRS 630.3067). In addition to the obligation to timely report malpractice actions, physicians are required to report sanctions imposed by the National Practitioner Data Bank (NRS 630.3068). Hospitals, clinics, other medical facilities, medical schools and medical societies are also mandatory reporters regarding changes in a physician's privileges and disciplinary action taken against a physician (NRS 630.307). All the courts in the state are required to report competency determinations, felony or drug convictions, fraud convictions and malpractice verdicts (NRS 630.307). The Board's limited resources restrict its ability to independently obtain information from all court records statewide, and frequent and unlimited access the National Practitioner's Data Bank lists.<sup>1</sup> The Board, as currently staffed, depends upon mandatory reporting to learn of cases that warrant disciplinary action, and to keep the public informed.<sup>2</sup> The failure to comply with mandatory reporting requirements prevents the Board from taking warranted disciplinary action to protect the public and keep the public informed.<sup>3</sup>

The Board employs an investigative staff that investigates all complaints received against physicians. Sometimes an early determination can be made that there is no reasonable basis for formal action. Where the investigation reveals no reasonable basis to proceed, the case is closed without any formal action. If there is a reasonable basis to believe that a physician, physician assistant or respiratory care therapist has committed a violation of the Medical Practice Act, further investigation is conducted to determine what happened. Usually, this involves obtaining and reviewing medical records pertaining to a particular patient and procedure. Once medical records are obtained, staff physicians review the records to determine whether to proceed further. If not, staff recommends closure. Further proceeding usually involves obtaining an opinion of an outside physician in the same specialty as the physician

<sup>1</sup> The Board currently employs seven investigators to handle about 600 open cases. About 400 of those are malpractice actions that have been searched out by staff that are in the early stages of litigation. About 340 of those court filings are from Clark County. The other counties make up the remaining balance.

<sup>2</sup> I use the phrase "bad doctors" to refer to anyone whose conduct justifies license suspension or revocation, or remediation as a condition of continuing to practice.

<sup>3</sup> The remedies for a mandatory reporter's failure to report are not particularly helpful, i.e., if a hospital fails to report (assuming the Board learns from an independent source), the Board must report the hospital to the Health Division of the Department of Human Resources, which then must hold a hearing to determine whether the facility failed to report, and if so, may then impose an administrative fine. NRS 630.307(2).

*(Continued on page 7)*

(Continued from page 6)

being investigated whether the conduct in question violates the Medical Practice Act, NRS Chapter 630. If the opinion is that it does, the case is presented to one of the Board's Investigative Committees for authorization to file formal action.

All investigations are confidential. Formal action is necessary to require disclosure of the matter of any complaint to the public. Only through formal action can the Board inform the public of a complaint against a physician and of what action the Board has taken on the complaint. Once the Investigative Committee authorizes proceeding with a formal complaint, the physician may contest the charges in an administrative hearing utilizing the assistance of counsel with the right to call witnesses in his defense and to confront and cross-examine witnesses against him. If dissatisfied with the results of the hearing, the physician may seek judicial review in the district court. Upon a finding

of a violation, the Board has a range of sanctions it may impose upon a doctor, including a public reprimand, probation, peer supervision, mandatory CME, a fine, license suspension and revocation (NRS. 630.352).

Physicians, and their counsel in connection with Board action, will find that the Investigative Committees and the Board are reasonable and understanding where disciplining physicians is concerned, but mindful also of their legislative mandate to protect the public. Counsel unfamiliar with administrative proceedings are invited and encouraged to contact Investigative Committee counsel at the earliest opportunity to discuss the process and the merits of the case. As General Counsel I look forward to my role in representing the Investigative Committees and the Board, and working with licensees and the public in carrying out the Board's legislative mandate.

## REMINDER

A new Nevada law requires every licensee to self-report to the State Board of Medical Examiners any claim or complaint for malpractice made against a licensee. Licensees must also report any malpractice claims that go to arbitration, mediation, or are settled, including any award, judgment or other disposition. These reports must be made within 45 days of their occurrence or notice to the licensee.

Physicians must also self-report to the State Board of Medical Examiners any sanction levied against them which is reportable to the National Practitioner Data Bank.

Failure to self-report any of these matters may result in disciplinary action against the licensee.

## HELP WANTED

The Nevada State Board of Medical Examiners needs its physician licensees to volunteer to be peer reviewers, both in disciplinary cases and in licensure cases. Licensees can earn both CME credit and a payment for their time if they will volunteer to serve as a peer reviewer.

If you are interested in or willing to be a peer reviewer, please contact Pamela Castagnola at the Board office (775-688-2559, ext. 237). The Board thanks you in advance for your consideration of this request for professional assistance.

# Licensing Department Changes and The Biennial Renewal of Respiratory Care Practitioners

by Lynnette L. Krotke, Chief of Licensing

By way of introduction, my name is Lynnette L. Krotke. I am a native Nevadan and I have worked for the Nevada State Board of Medical Examiners since 2001. My experience at the Board has taken me from Investigator, to Licensure Specialist, and in June of 2003, I was appointed Chief of Licensing.

It is my belief that the primary purpose of the licensure process is the protection of the public. The public should be able to expect safe and effective professional service, which can be met with reasonable certainty. The Nevada State Board of Medical Examiners is expected to establish requirements which are sufficiently extensive and which hold the candidates to a high standard.

Since the summer of 2003, the licensing division has endured many changes as a result of the last legislative session. The licensing division was required to make a multitude of modification changes to the application forms and all supporting documentation. The new legislative changes lowered Nevada's previous stringent licensure requirements. This gave new applicant physicians, who would not have previously met the stringent requirements, alternate routes to apply for Nevada licensure. This has resulted in an immense increased workload for the licensing division. This increase required the addition of two new license specialists, Kasey M. Miller and Jennifer D. Ross, who are also both native Nevadans. They are a welcome addition to the licensing department.

In addition to the adopted policies reflecting 2003 legislative changes, we are pleased to announce that application forms for Medical Doctors, Physician Assistants and Practitioners of Respiratory Care are now available on our website at [www.medboard.nv.gov](http://www.medboard.nv.gov). We remind all applicants to personally complete your own applications!

To review the current statutes and regulations regarding the practice of medicine, please visit the Nevada legislative web site at [Http://www.leg.state.nv.us/nac/nac-630.html](http://www.leg.state.nv.us/nac/nac-630.html) and [Http://www.leg.state.nv.us/nrs/nrs-630.html](http://www.leg.state.nv.us/nrs/nrs-630.html).

If you have any questions regarding licensure, please feel free to contact the license specialists at the Board office, Monday through Friday, 8:00 a.m. to 5:00 p.m., at 888-890-8210.

## Attention Foreign Licensees!

If you are a foreign medical doctor, physician assistant or respiratory therapist currently licensed in the state of

Nevada and you are currently on a visa, employment authorization card or a conditional resident alien, you will be required to contact Elizabeth Pawlikowski, License Specialist, at 775-688-2559, extension 236, if you have any questions regarding your medical license or have received any changes in your status by the Immigration and Naturalization Service.

Reminder notices are mailed out well in advance of the expiration of your license to inform you of the upcoming expiration. You must contact Elizabeth Pawlikowski no later than two (2) weeks prior to the expiration of your license. If you have received any type of extension or change in your status, you may mail or fax a copy to 775-688-2551.

It is imperative that you keep the Board apprised of any changes in your immigration status imposed upon you by the Immigration and Naturalization Service as well as keeping the Board informed of your current address and telephone number.

## Respiratory Care Biennial Registration Renewal Period Ended March 1, 2004

The first biennial registration period for practitioners of respiratory care ended March 1, 2004. The practitioners were required to complete between 5 and 20 continuing education units of AARC or Board approved CEU, depending upon when initial licensure was granted, and prior to the end of the biennial registration period.

### 2004 Practitioner of Respiratory Care renewal statistics:

**Number of Respiratory Therapists renewed: 787**

**Respiratory Therapists who requested non-renewal: 10**

**Respiratory Therapists suspended for non-payment: 148**

**Respiratory Therapists who have reinstated since March 2, 2004: 7**

***Please be aware that if you have practiced after March 1, 2004, without first renewing your license, you are doing so as an illegal practitioner in this state.***

*(Continued on page 9)*



## A reminder to those persons or facilities employing respiratory interns

### "NRS 630.277 Requirements; prohibitions, intern in respiratory care

1. Every person who wishes to practice respiratory care in this state must:

- (a) Have a high school diploma or general equivalency diploma;
- (b) Complete an educational program for respiratory care which has been approved by the NBRC or its successor organization;
- (c) Pass the examination as an entry-level or advanced practitioner or respiratory care administered by the NBRC or its successor organization;
- (d) Be certified by the NBRC or its successor organization; and
- (e) Be licensed to practice respiratory care by the board and have paid the required fee for licensure.

2. Except as otherwise provided in subsection 3, a person shall not:

- (a) Practice respiratory care; or
- (b) Hold himself out as qualified to practice respiratory care, in this state without complying with the provisions of subsection 1.

3. Any person who has completed the educational requirements set forth in paragraphs (a) and (b) of subsection 1, may practice respiratory care pursuant to a program of practical training as an intern in respiratory care for not more than 12 months after completing those educational requirements."

The respiratory intern **cannot** work until such time that he or she has a completed licensing file with the Nevada State Board of Medical Examiners, with the exception of the NBRC verification. Following completion of the licensing file, the intern must provide the anticipated date of credential testing, including attempts/results, and is required to become credentialed by the National Board of Respiratory Care within 12 months.

## 2003 ANNUAL REPORT

### Prejudicial and Non-Prejudicial Disciplinary Actions Taken Against Medical Doctors as Reported to the Federation of State Medical Boards

<u>YEAR</u>	<u>REVOCATION</u>	<u>PROBATION</u>	<u>SUSPENSION</u>	<u>MISCELLANEOUS*</u>	<u>TOTAL</u>
2003	4	13			17
2002	8	1		11	20
2001	12	4		4	20
2000	12	1		3	16
1999	10	1		4	15
1998	8	5		3	16
1997	8	2		6	16
1996	9	7		4	20
1995	1	1	2	21	25
1994	2	4		8	14
1993	1	3	1	10	15
1992	3	1		9	13
1991	3			10	13
1990	1	2		11	14
1989	2	1	1	8	12
1988	6	4	2	5	17
1987	2	4	3	3	12
1986	2	1	1	3	7
1985	11	3	3	11	28

\* MISCELLANEOUS actions include: License Restriction, Public Reprimand, Licensure Denied, CME Ordered, Drug or Alcohol Treatment Program Ordered, Competency Exams (Medical, Physical, Mental) Ordered

## Licensure Statistics – Medical Doctors

<b>YEAR:</b>	<b>1987</b>	<b>1988</b>	<b>1989</b>	<b>1990</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>COUNTY</b>																	
Carson City	66	74	72	73	79	90	88	95	98	104	110	109	115	127	125	137	141
Churchill	13	14	12	11	13	11	13	17	19	19	20	24	25	22	21	21	24
Clark	789	871	919	1021	1114	1199	1299	1418	1517	1701	1763	1907	2023	2153	2314	2321	2366
Douglas	21	21	23	28	22	24	30	36	37	43	48	54	57	63	67	72	74
Elko	23	21	23	29	25	24	21	26	29	39	39	41	43	48	50	48	41
Esmeralda	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eureka	1	1	1	1	1	1	0	0	0	2	2	1	1	2	1	2	1
Humboldt	5	6	5	5	6	6	5	5	5	7	7	8	9	8	7	6	7
Lander	3	3	3	1	2	2	2	2	2	2	2	3	2	2	3	3	3
Lincoln	2	2	2	3	2	1	2	2	2	3	3	3	3	4	2	3	1
Lyon	5	5	7	6	4	4	4	5	4	6	7	5	6	7	10	14	15
Mineral	5	5	3	3	3	3	5	6	6	7	6	6	5	5	5	6	4
Nye	8	8	9	9	7	6	6	9	8	11	10	13	15	18	18	21	22
Pershing	2	3	4	1	2	2	2	1	0	0	1	3	2	2	2	2	2
Storey	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Washoe	540	572	579	617	611	636	661	693	692	734	732	778	797	824	889	879	903
White Pine	4	5	4	3	4	5	6	7	5	8	10	10	10	10	9	11	11
<b>Total Active Status in State</b>	<b>1487</b>	<b>1611</b>	<b>1666</b>	<b>1811</b>	<b>1895</b>	<b>2014</b>	<b>2144</b>	<b>2322</b>	<b>2424</b>	<b>2686</b>	<b>2760</b>	<b>2965</b>	<b>3113</b>	<b>3295</b>	<b>3523</b>	<b>3546</b>	<b>3616</b>
<b>Total Active Status Out Of State</b>	<b>168</b>	<b>277</b>	<b>212</b>	<b>357</b>	<b>287</b>	<b>463</b>	<b>459</b>	<b>639</b>	<b>516</b>	<b>787</b>	<b>676</b>	<b>882</b>	<b>800</b>	<b>963</b>	<b>824</b>	<b>991</b>	<b>956</b>
<b>TOTAL ACTIVE STATUS</b>	<b>1654</b>	<b>1888</b>	<b>1878</b>	<b>2168</b>	<b>2182</b>	<b>2477</b>	<b>2603</b>	<b>2961</b>	<b>2840</b>	<b>3473</b>	<b>3436</b>	<b>3847</b>	<b>3913</b>	<b>4258</b>	<b>4347</b>	<b>4537</b>	<b>4572</b>
<b>Total Inactive and Retired Statuses</b>	<b>982</b>	<b>981</b>	<b>993</b>	<b>987</b>	<b>1031</b>	<b>1003</b>	<b>983</b>	<b>960</b>	<b>1068</b>	<b>1049</b>	<b>1174</b>	<b>1158</b>	<b>1099</b>	<b>1084</b>	<b>1033</b>	<b>1010</b>	<b>902</b>
<b>TOTAL LICENSED ALL STATUSES</b>	<b>2637</b>	<b>2869</b>	<b>2871</b>	<b>3155</b>	<b>3213</b>	<b>3480</b>	<b>3586</b>	<b>3921</b>	<b>4008</b>	<b>4522</b>	<b>4610</b>	<b>5005</b>	<b>5012</b>	<b>5342</b>	<b>5380</b>	<b>5547</b>	<b>5474</b>

### Medical Doctors Licensed To Practice in Medically Underserved Areas of Nevada from July 1987 through December 2003

- 1) Restricted licenses issued under NRS 630.164 (rural exemption): **34 licenses issued**
- 2) Temporary licenses issued to physicians in medically underserved rural areas: **71 licenses issued**
- 3) Unrestricted licenses issued to physicians in medically underserved rural areas: **132 licenses issued**
- 4) Temporary licenses issued to physicians in medically underserved urban areas: **66 licenses issued**
- 5) Unrestricted licenses issued to physicians in medically underserved urban areas: **45 licenses issued**

## Licensure/Population Statistics - Medical Doctors

<u>YEAR*</u>	<u>ACTIVE IN-STATE</u>	<u>NEW LICENSES</u>	<u>STATE POPULATION</u>	<u>RATIO OF ACTIVE IN-STATE M.D.S PER 100,000 POPULATION</u>
1980	1,158	201	800,000	144
1981	1,196	285	851,150	140
1982	1,308	234	878,260	148
1983	1,367	199	905,660	151
1984	1,366	205	933,010	146
1985	1,442	192	969,370	148
1986	1,524	134	1,010,280	151
1987	1,487	142	1,057,030	141
1988	1,611	216	1,124,650	143
1989	1,666	199	1,197,260	139
1990	1,811	202	1,283,490	141
1991	1,895	233	1,300,000	146
1992	2,014	241	1,348,400	149
1993	2,144	308	1,389,000	154
1994	2,322	333	1,493,000	155
1995	2,424	331	1,583,000	153
1996	2,686	427	1,638,000	158
1997	2,760	442	1,741,000	159
1998	2,965	391	1,875,000	158
1999	3,113	377	2,034,000	153
2000	3,295	411	2,115,000	156
2001	3,523	383	2,133,000	165
2002	3,565	335	2,206,000	162
2003	3,617	422	2,296,566	157

\* CALENDAR YEAR (JANUARY - DECEMBER)

1980 - 2003:

24 years

Total new licenses issued

**6,843**

Average new licenses per year

**285**

Net gain in population

**1,496,566**

Net gain in M.D.s

**2,459**

Average net gain in M.D.s per year

**102**

## Licensure Statistics - Physician Assistants

Forty-eight (48) physician assistants were licensed for the first time by the BME during 2003. At the close of 2003, there were 248 physician assistants holding licensure and practicing in Nevada. The chart below reflects a breakdown of the number of licensed physician assistants practicing in Nevada, by county, from 1992 through 2003.

<u>COUNTY</u>	<u>YEAR</u>	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Carson City		5	5	5	3	3	2	5	7	9	11	11	9
Churchill		0	0	0	0	0	0	0	2	2	3	3	5
Clark		40	44	58	72	72	77	94	118	116	129	153	173
Douglas		0	0	0	0	0	0	1	1	2	4	4	6
Elko		1	2	4	4	4	7	9	6	6	6	7	3
Esmeralda		0	0	0	0	0	0	0	0	0	0	0	0
Eureka		0	0	0	0	1	1	1	1	1	0	1	1
Humboldt		0	0	0	0	0	0	0	0	0	1	1	1
Lander		0	0	0	0	0	0	0	0	0	0	0	0
Lincoln		1	2	1	1	1	0	0	0	0	0	0	0
Lyon		0	0	0	0	1	2	2	4	4	2	1	1
Mineral		1	2	2	2	2	1	1	1	1	2	2	2
Nye		4	4	3	3	3	3	3	6	8	6	8	5
Pershing		0	1	1	1	1	1	1	1	0	0	0	0
Storey		0	0	0	0	0	0	0	0	0	0	0	0
Washoe		3	4	7	10	10	18	23	26	25	28	30	41
White Pine		1	1	1	2	2	1	1	1	2	2	2	1
<b>TOTAL</b>		<b>56</b>	<b>65</b>	<b>82</b>	<b>98</b>	<b>100</b>	<b>113</b>	<b>141</b>	<b>174</b>	<b>176</b>	<b>194</b>	<b>223</b>	<b>248</b>

## Licensure Statistics - Practitioners Of Respiratory Care

One hundred seven (107) practitioners of respiratory care were licensed for the first time by the BME during 2003. At the close of 2003 there were 719 practitioners of respiratory care holding licensure and practicing in Nevada. The chart below reflects a breakdown of the number of licensed practitioners of respiratory care practicing in Nevada, by county, from 2001 through 2003.

<u>YEAR</u>	2001	2002	2003
<b>COUNTY</b>			
Carson City	11	14	10
Churchill	5	4	8
Clark	399	449	491
Douglas	12	19	13
Elko	6	6	5
Esmeralda	0	0	0
Eureka	0	0	0
Humboldt	4	10	5
Lander	2	2	2
Lincoln	2	2	2
Lyon	10	16	18
Mineral	2	2	2
Nye	7	15	7
Pershing	0	0	0
Storey	1	1	1
Washoe	122	154	152
White Pine	2	1	3
<b>TOTAL</b>	<b>587*</b>	<b>748*</b>	<b>719</b>

\*The totals for 2001 and 2002 included practitioners of respiratory care who were licensed in Nevada, but not practicing in Nevada.

## Disciplinary Actions Taken by the Board of Medical Examiners

### **FREER, Everett Charles, Jr., M.D. (3250)** **Las Vegas, NV**

**Charges:** Based upon Dr. Freer's conviction in Court of attempted lewdness with a child under 14 years of age, and incest, both Class B felonies, the Investigative Committee of the Board charged Dr Freer with two counts of conviction of a felony, violations of NRS 630.301(1); and two counts of conviction of a crime of moral turpitude, violations of NRS 630.301(1).

**Disposition:** On September 6, 2003, the Board found Dr. Freer guilty of the four counts of the complaint filed against him: two counts of the conviction of a felony under the laws of the state of Nevada, in violation of NRS 630.301(1); and two counts of an offense involving moral turpitude, in violation of NRS 630.301(1). The Board revoked Dr. Freer's license to practice medicine in Nevada, and ordered that Dr. Freer receive a public reprimand and pay all administrative costs incurred in the investigation and prosecution of the case against him.

### **JONES, Miles J., M.D. (8986)** **Clayton, GA**

**Charges:** Violations of NRS 630.301(3) and NRS 630.306(11) based on action taken against his medical licenses in the states of North Dakota, Missouri, Alabama and New York.

**Disposition:** On September 5, 2003, the Board found Dr. Jones guilty of the eight counts of the complaint filed against him: four counts of revocation of his license to practice medicine in North Dakota, Missouri, Alabama and New York, in violation of NRS 630.301(3); and four counts of failure to report the revocation of his license to practice medicine in North Dakota, Missouri, Alabama and New York, in violation of NRS 630.306(11). The Board revoked Dr. Jones' license to practice medicine in Nevada, and ordered Dr. Jones to pay all administrative costs incurred in the investigation and prosecution of the case against him.

(Continued on page 13)

## **SCOTT-CRAVEY, Yvonne, P.A.-C (570)**

### **Reno, NV**

**Charges:** The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against Ms. Scott-Cravey for failure to comply with a Board order, which was personally served on her, a violation of the provisions of NAC 630.380(g). The May 1, 2003 order requested Ms. Scott-Cravey provide an observed urine sample and to pay the costs thereof. Refusal left the Investigative Committee unable to determine the probability that Ms. Scott-Cravey might be using or abusing substances that might result in her practicing while under the influence, which is a violation of the Medical Practice Act.

**Disposition:** On September 5, 2003, the Board accepted and approved the Stipulation for Settlement of its Complaint against physician assistant Yvonne Scott-Cravey. Ms. Scott-Cravey entered a plea of no contest, waived her right to a hearing, an appeal and any other rights that may be accorded her under NRS 630 and 233B, and entered into a stipulation for settlement of the complaint filed against her. She was ordered to pay a fine of \$1,000.00 within 30 days of the entry of the order and her license was suspended for a period of one (1) year. Said suspension was stayed and she was placed on probation for one (1) year. She was issued a public reprimand, and ordered to pay all costs of the Board associated with the investigation and prosecution of the matter.

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## **License Applications Denied by the Board**

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### **FLOWERS, James L., M.D.**

#### **Milwaukee, WI**

The Board denied Dr. Flowers' application for medical licensure in the state of Nevada, based upon the disciplinary action taken against his license to practice medicine by the Medical Board of Wisconsin, per NRS 630.301(1) (December 2003).

### **FLOWERS, James L., M.D.**

#### **Milwaukee, WI**

The Board denied the Dr. Flowers' application for medical licensure in the state of Nevada, pursuant to NRS 630.301(3), based upon the history of disciplinary action and restrictions upon his Wisconsin medical license (June 2004).

### **JOYCE, Jeffrey J., M.D.**

#### **Coralville, IA/Las Vegas, NV**

The Board denied Dr. Joyce's application for medical licensure in the state of Nevada, pursuant to NRS 630.301(3,) based upon disciplinary action taken against his Iowa license to practice medicine.

### **NAHATA, Babu Lal, M.D.**

#### **Las Vegas, NV**

The Board denied Dr. Nahata's application for medical licensure in the state of Nevada, based upon his false, misleading and inaccurate statements on his application for licensure with respect to his medical training, in violation of NRS 630.304(1).

### **ROGER, Douglas J., M.D.**

#### **Palm Springs, CA**

The Board denied Dr. Roger's application for medical licensure in the state of Nevada, based upon his false, misleading and inaccurate statements on his application for licensure, in violation of NRS 630.304(1).

### **RUTLEDGE, Robert, M.D.**

#### **North Carolina/Las Vegas, NV**

The Board denied Dr. Rutledge's application for medical licensure in the state of Nevada, based upon his false, misleading and inaccurate statements on his application for licensure, in violation of NRS 630.304(1).

### **WICK, Jeffrey S., M.D.**

#### **Tucson, AZ**

The Board denied Dr. Wick's application for medical licensure in the state of Nevada, based upon his attempt to obtain a license to practice medicine by false, misleading, inaccurate or incomplete statement, in violation of NRS 630.304(1).



# ATTENTION

All licensees are required by statute, NRS 630.254, to report to the Nevada State Board of Medical Examiners any change in the location of his or her office, before practicing in the new location. Licensees are also required to notify the Board of closure of his or her office, and keep the Board apprised of the location of the medical records of his or her patients for a period of 5 years thereafter. If you have closed your office and have failed to notify the Board within 14 days, or relocated your office within the last year and have failed to notify the Board, you are subject to discipline.

It is the licensee's obligation to insure that the Board has his/her current office address and telephone number. If there is any question in your mind as to whether the Board has your current practice address, please call the Board to check, and to update if necessary.

## **CHANGE OF ADDRESS FORM**

*Mail completed form to:* Nevada State Board of Medical Examiners  
P.O. Box 7238, Reno, NV 89510

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Nevada License #:** \_\_\_\_\_

*(Check the address to use as a public address)*

☐ **Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** (      ) **Fax:** (      )

☐ **Home:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** (      ) **Fax:** (      )

**NEVADA STATE BOARD OF MEDICAL EXAMINERS**

1105 Terminal Way, Suite 301

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